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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)
)
 ATWOOD et al.)
) Unit: 2826
 Application Number: 10/790,183)
) Examiner: Fetsum Abraham
 Filed: March 2, 2004)
)
 For: SEMICONDUCTOR MEMORIES)
)
 Attorney Docket No. HITA.0516)

**Honorable Assistant Commissioner for Patents
 Washington, D.C. 20231**

COVER LETTER

Sir:

☒ [x] The fee for submission of claims is calculated as shown below:

| FOR | TOTAL WITH NEW CLAIMS ADDED | TOTAL CURRENTLY ON FILE | CLAIMS PAID | RATE | CALCULATION |
|---|-----------------------------------|-------------------------------|--------------------------|---------|-------------|
| Total Claims | 17 | 17 | (Over 20) | x \$18 | 0 |
| Independent Claims | 5 | 5 | ² (Over 3) | x \$88 | 0 |
| MULTIPLE DEPENDENT CLAIM(S) | | | PAID | + \$300 | 0 |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED | | | | | |
| | | | | TOTAL | 0.00 |

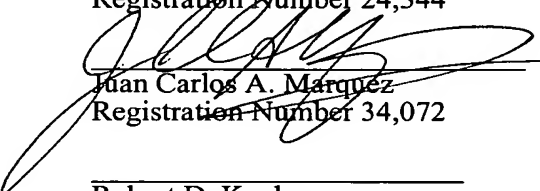
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|--|---|
| <input checked="" type="checkbox"/> [x] Preliminary amendment w/ claim amendments | <input checked="" type="checkbox"/> [x] Petition for Extension of Time 2 months |
| <input type="checkbox"/> [] Substitute Specification | <input type="checkbox"/> [] Terminal Disclaimer |
| <input type="checkbox"/> [] Preliminary Amendment | <input type="checkbox"/> [] Sequence Listing Statement |
| <input type="checkbox"/> [] Other _____ | <input type="checkbox"/> [] Sequence Listing |
| | <input type="checkbox"/> [] Sequence Listing Diskette _____ |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$430.00** to cover the 2 month extension fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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